

PRONTO

Partnerships for Post-Overdose Outreach



Best Practice Guidance for Post-Overdose Outreach

WEDNESDAY, MARCH 15, 2023

NOON-1:30PM EASTERN

Speakers

- No pharmaceutical or other commercial relationships – see funding at www.prontopostoverdose.org



Alexander Y. Walley, MD, MSc

Professor of Medicine at Boston University Chobanian & Avedisian School of Medicine
General Internist and Addiction Medicine Specialist at Boston Medical Center



Traci C. Green, PhD, MSc

Professor, Opioid Policy Research Collaborative, Heller School for Social Policy and Management at Brandeis University
Deputy Director, COBRE on Opioids and Overdose at Rhode Island Hospital



Mary Wheeler

Program Director of Healthy Streets Outreach Program
Health Innovations, Inc



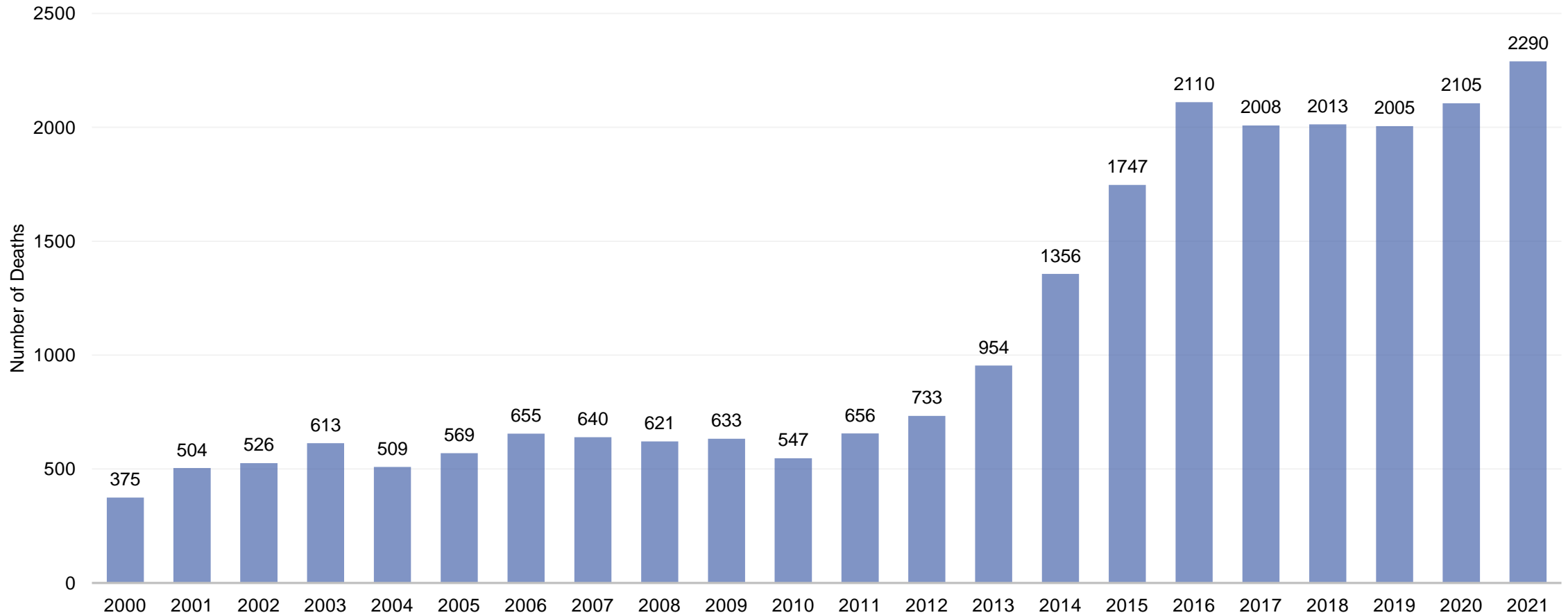
Brandon Del Pozo, PhD, MPA, MA

Assistant Professor of Medicine, and Health Services, Policy, and Practice, Brown University
Research Scientist, COBRE on Opioids and Overdose at Rhode Island Hospital

Agenda

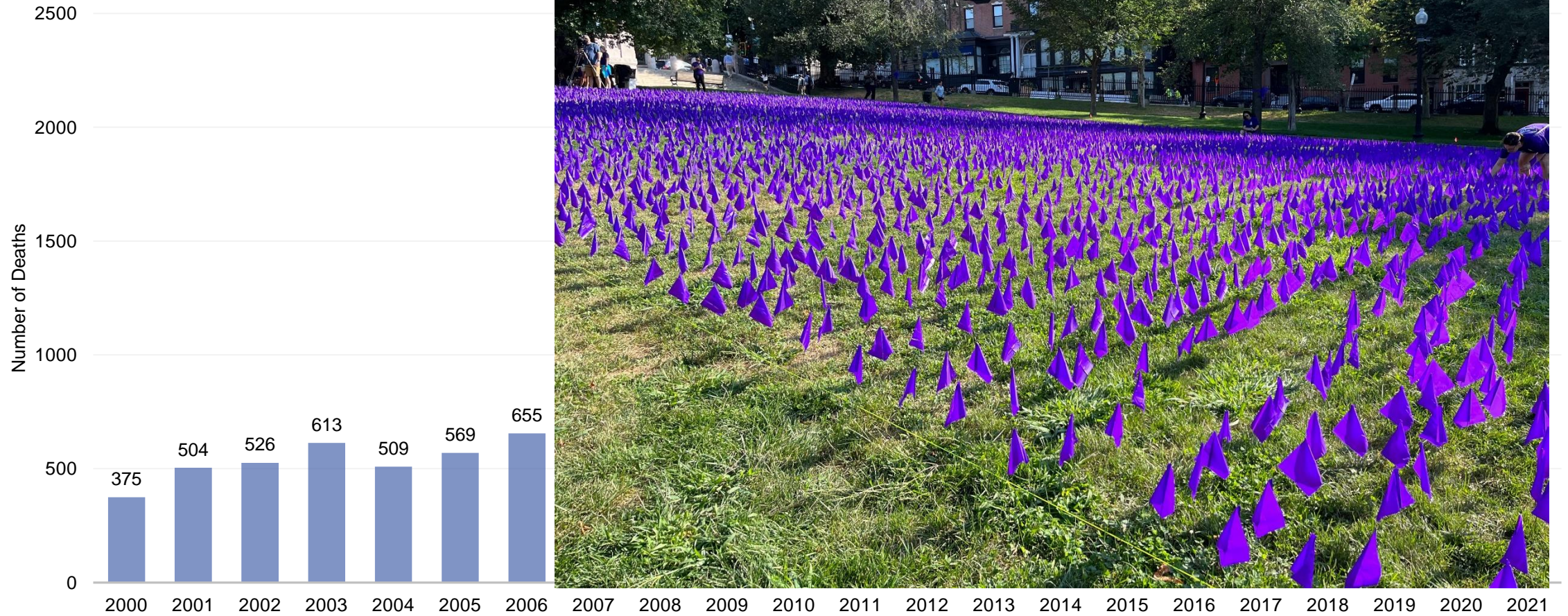
Time	Agenda Item
12:00 p.m. - 12:05 p.m.	Introduction
12:05 p.m. - 12:30 p.m.	PRONTO Best Practice Guidance for Post-Overdose Outreach Presentation by Alex Walley, MD, MSc and Traci Green, PhD, MSc
12:30 p.m. - 12:50 p.m.	Post-Presentation Panel Discussion with Mary Wheeler and Brandon Del Pozo, PhD, MPA, MA
12:50 p.m. - 1:00 p.m.	Q & A – Please type your questions in the Q&A feature at any point.
1:00 p.m. - 1:30 p.m.	Breakout Room Discussions <i>Expert facilitators will host breakout room discussions that focus on specific topics relating to post-overdose outreach. If you would like to participate in those smaller discussions, please choose a topic when registering for the webinar.</i>

Opioid-Related Overdose Deaths, All Intent Massachusetts Residents: 2000 - 2021



MDPH (Nov 2022). Data Brief: Opioid-Related Overdose Deaths among Massachusetts Residents: <https://www.mass.gov/lists/current-opioid-statistics>

August 31, 2022



MDPH (Nov 2022). Data Brief: Opioid-Related Overdose Deaths among Massachusetts Residents: <https://www.mass.gov/lists/current-opioid-statistics>

Increases in overdose deaths since 2019, especially among Black, Hispanic, and American Indian people

Confirmed Opioid-Related Overdose Death Rates, All Intents, by Race and Hispanic Ethnicity

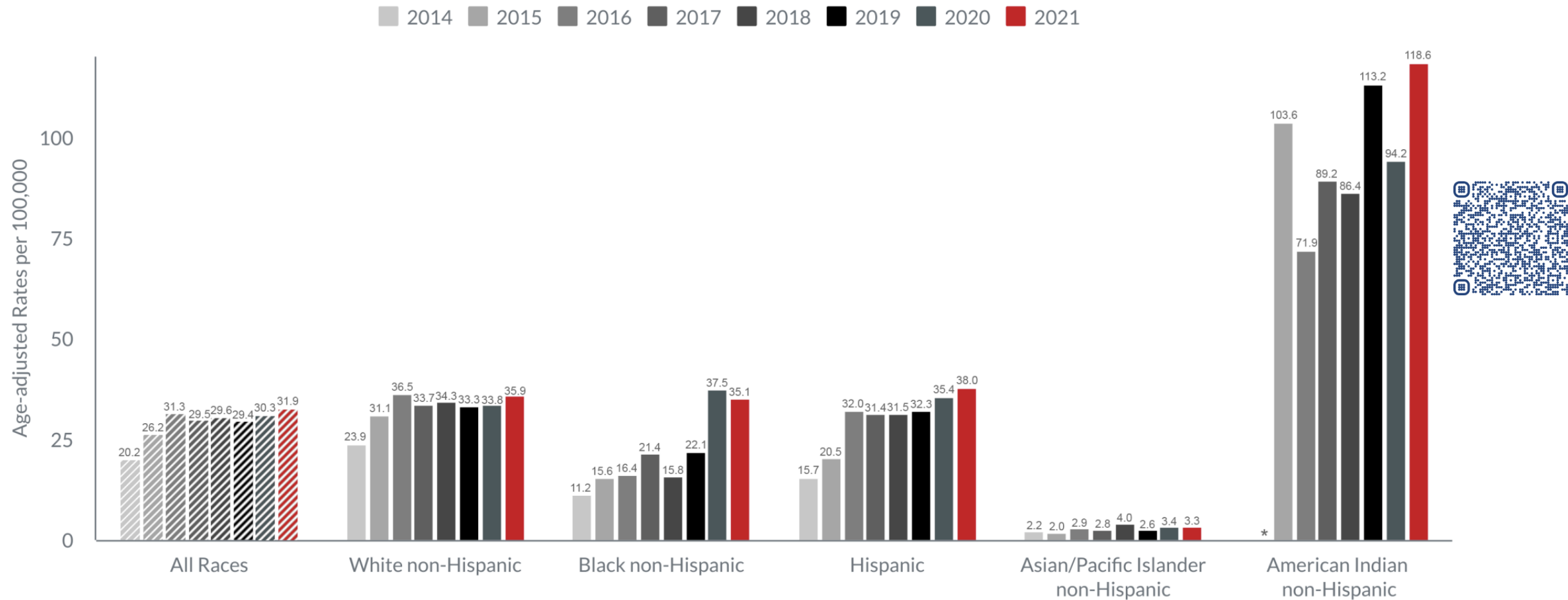
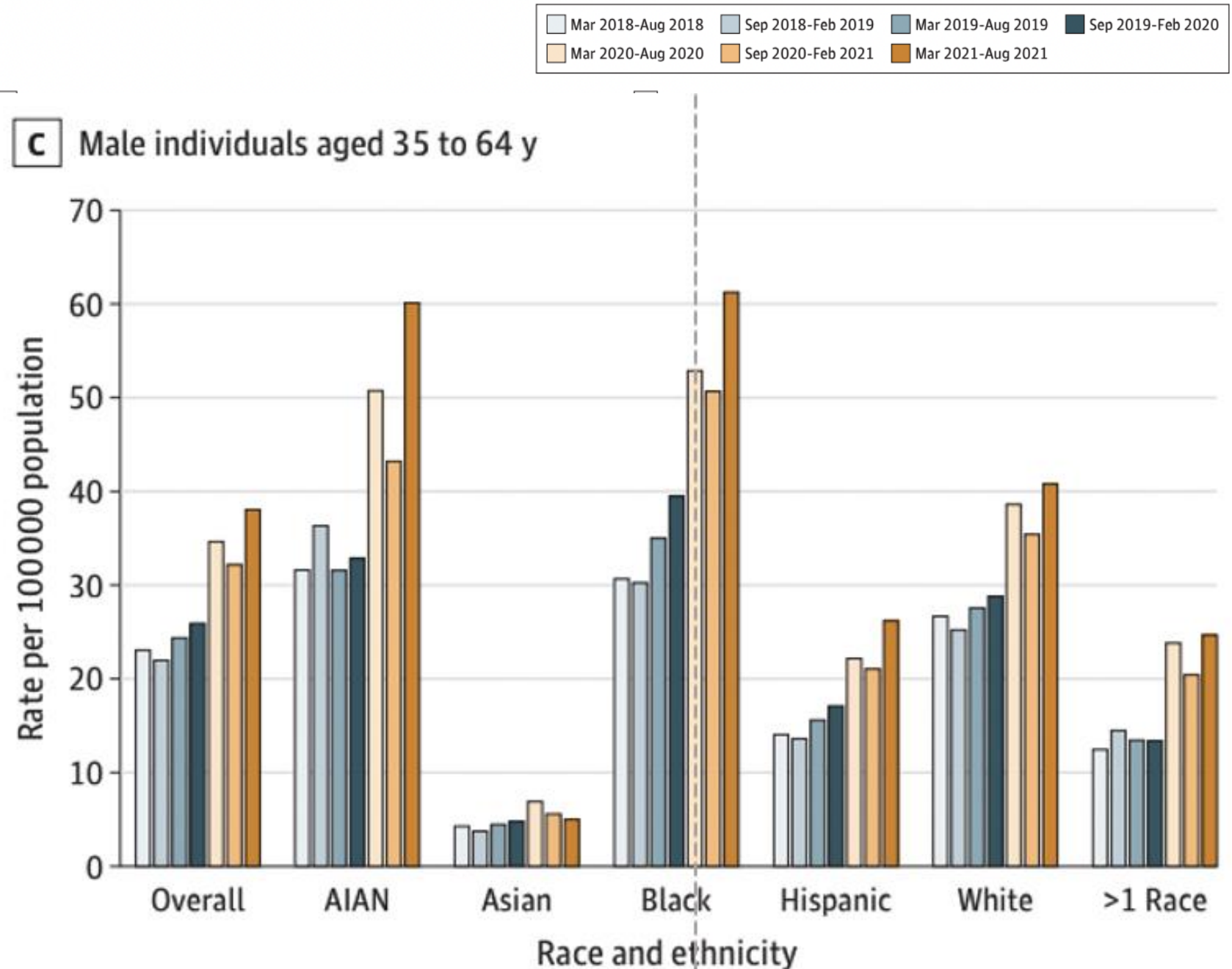


Figure. Age-Adjusted Drug Overdose Death Rates Among US Individuals by Age, Sex, and Race and Ethnicity Before and During the COVID-19 Pandemic

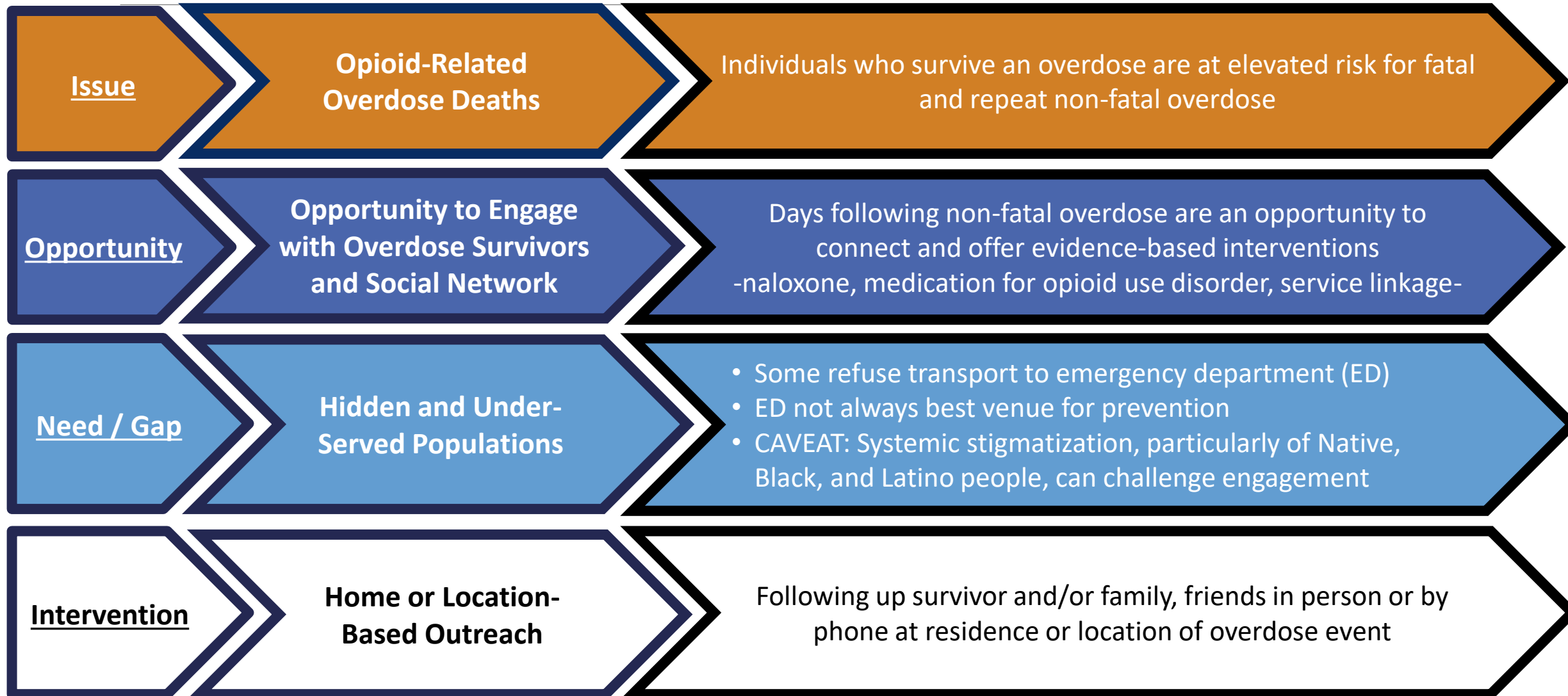


Racial and Ethnic Disparities During COVID-19



Han et al. *JAMA Netw Open.* 2022

Rationale for Post-Overdose Outreach



Overdose Survivors
Population

Post-overdose outreach programs
How widespread are post-overdose outreach programs?
Statewide Screening Survey (Aim 1)

Overdose Fatality
Outcome

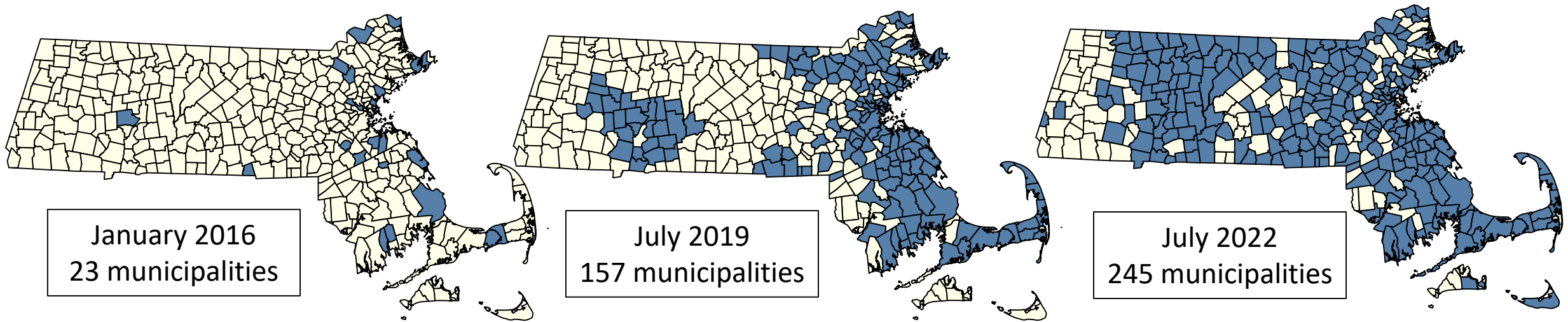
How are post-overdose outreach programs structured and what are their characteristics?
Comprehensive Survey of Active Programs (Aim 1)

How do programs operate (best practices, barriers, facilitators, unintended consequences)?
Interviews with Program Staff, Overdose Survivors, and Social Network Members (Aim 2)

Do post-overdose outreach programs save lives?
Interrupted Time Series Analysis (Aim 3)

What are the best practices and guidance?
Modified Delphi Process (Aim 4)

Post-overdose outreach programs are spreading



Multi-site Interrupted Time Series: *Implementation associated with 6% lower annual opioid overdose death rates*

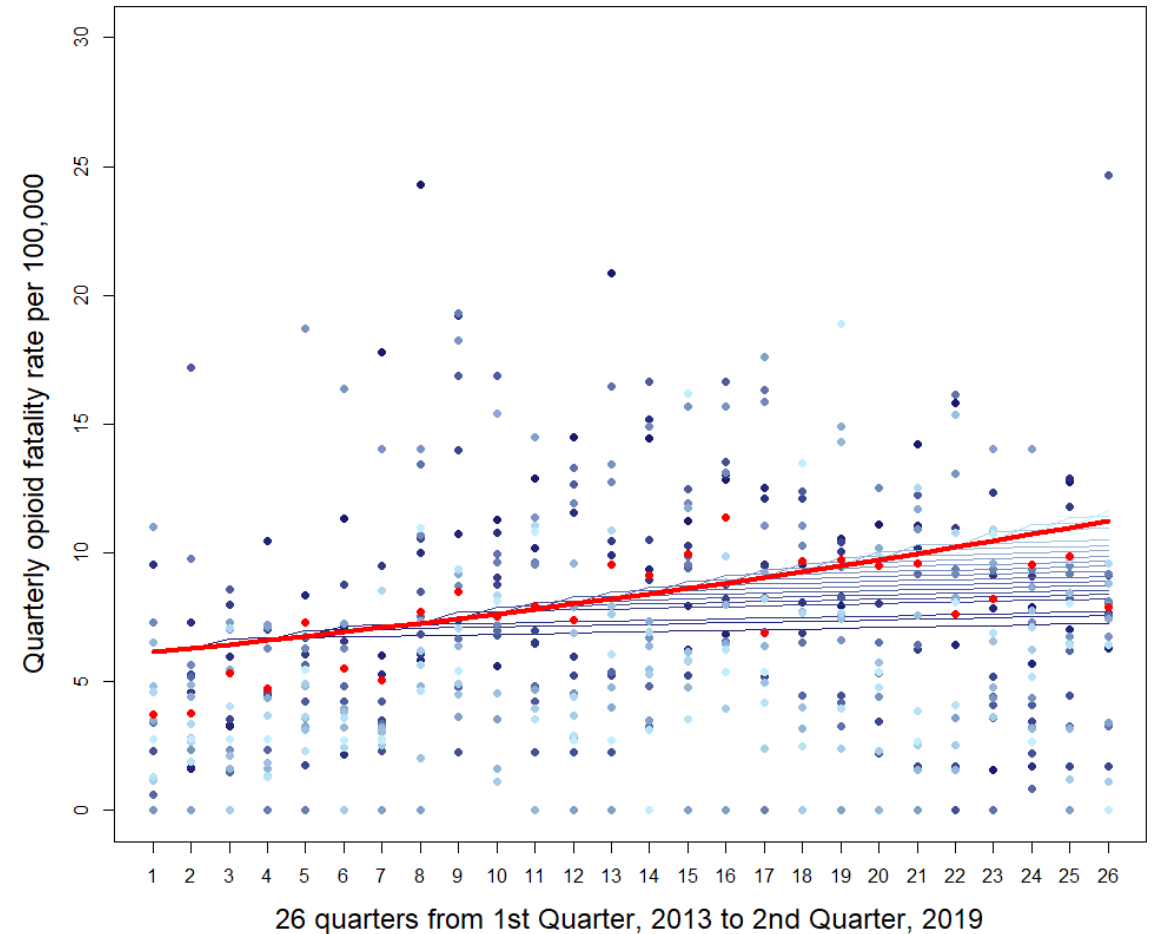
Among 93 municipalities in MA: 2013 –2019

- Compared slopes of quarterly opioid fatality rates of implementing to non-implementing municipalities
- Poisson segmented regression of multiple time series with generalized estimating equations
- Adjusted for municipal-level:
 - Population size and demographics
 - Education and housing vacancy
 - Naloxone distributed, MOUD and residential treatment
 - Drug court/jail diversion, corrections release, drug arrests
 - Drug prevention coalitions
 - Fentanyl-involved death rates

JAMA Psychiatry | Original Investigation

Association of Implementation of Postoverdose Outreach Programs With Subsequent Opioid Overdose Deaths Among Massachusetts Municipalities

Ziming Xuan, ScD, SM; Shapei Yan, MPH; Scott W. Formica, PhD; Traci C. Green, PhD, MSc; Leo Beletsky, JD, MPH; David Rosenbloom, PhD; Sarah M. Bagley, MD, MSc; Simeon D. Kimmel, MD, MA; Jennifer J. Carroll, PhD, MPH; Audrey M. Lambert, MPH; Alexander Y. Walley, MD, MSc



Features of post-overdose outreach in Massachusetts

Public Safety-Public Health Team:

- Often police officers (86%); recovery coaches (65%)
- Sometimes harm reductionist, social service, addiction provider, firefighters, EMTs, clergy

Outreach within days:

- 75% within 1-3 days

Tele-Outreach First:

- 51% called prior to in-person visit

Persistence:

- Teams averaged 3 outreach attempts

Work with families:

- 99% work with family and social networks

Cross community collaboration:

- 86% link survivors to resources in other communities
- 83% in regional program network
- 50% outreach with staff from other communities

Funded:

- 76% rely on external grant funding

Plain clothes:

- 52% did not wear professional uniforms

Unmarked vehicles:

- 87% did not use marked police vehicles

Coercion:

- 81% assist with involuntary commitment
- 57% conduct pre-visit warrant checks

Role of law enforcement: Police Paradox

On the one hand....

- In many communities, law enforcement has taken the lead in developing programs
 - Access to 911 call data
 - Access to federal and state funding
 - Void in public health infrastructure or capacity to respond
- For many, this is the next step after responding to overdoses with naloxone

On the other hand...

- Much of law enforcement's work is drug criminalization which systemically stigmatizes drug use and people who use drugs
 - Black, Latino, Hispanic, and Native people have been disproportionately arrested, incarcerated, and killed by law enforcement
- Thus, law enforcement involvement may limit engagement of people with greatest overdose risk

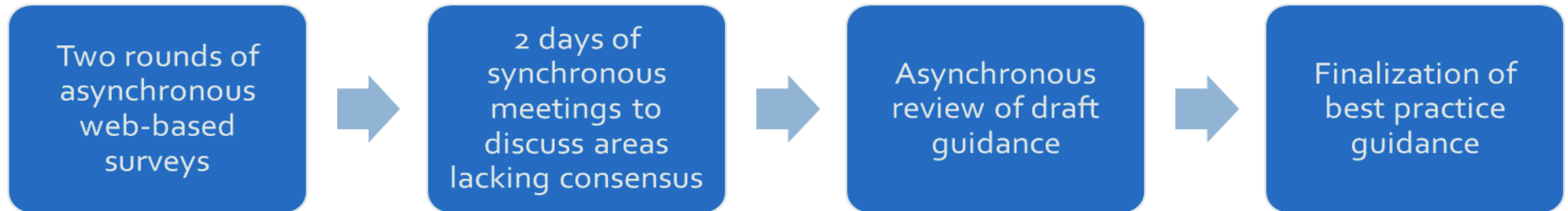
Team make-up in post-overdose varies

Program	Outreach Team Composition
Franklin County, Ohio RREACT	<ul style="list-style-type: none">• Substance use clinician• Paramedic• Plain clothes police
West Virginia Quick Response Teams (QRT) – 33 counties	<ul style="list-style-type: none">• Peer recovery specialist• Police, fire or EMS
Houston, Texas HEROES Outreach program	<ul style="list-style-type: none">• Paramedic• Peer recovery coach
Tacoma, Washington Fire Department CARES - Community Assistance Referral and Education Service	<ul style="list-style-type: none">• Firefighter• Nurse• Case manager

PRONTO Best Practice Guidance for Post-Overdose Outreach

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 nationwide with the goal of reducing the risks of subsequent overdose.

Convened 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.



Visit: prontopostoverdose.org



PRONTO Guidance Development Group

Ricky Bluthenthal	University of Southern California Keck School of Medicine
Michael Botticelli	Former Director, White House Office of National Drug Control Policy, Obama Administration
Corey Davis	Harm Reduction Legal Project, Network for Public Health Law
Alexandra Duncan	The Pew Charitable Trusts
Kathryn Hawk	Yale University Department of Emergency Medicine
Haner Hernández	New England Addiction Technology Transfer Center at Brown University
Ayana Jordan	New York University Grossman School of Medicine
Tara Kunkel	Rulo Strategies
Mike Lawlor	University of New Haven Henry C. Lee College of Criminal Justice and Forensic Sciences
Sasha Mital	Centers for Disease Control and Prevention
Joanne Peterson	Learn to Cope
Daniel Raymond	National Viral Hepatitis Roundtable
Sharon Stancliff	AIDS Institute, New York State Department of Health

PRONTO Best Practice Guidance for Post-Overdose Outreach



Best Practice Guidance for Post-Overdose Outreach

JANUARY 2023



Best Practice Guidance for Post-Overdose Outreach

JANUARY 2023 SUMMARY

LEARN MORE AT: PRONTOPOSTOVERDOSE.ORG

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.



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PRONTO Best Practice Guidance for Post-Overdose Outreach

Orientation: Overdose is a public health issue. Therefore, post-overdose outreach should be led and driven by public health principles.

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

1. Prevent fatal overdose
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In order to optimize engagement, it is important to minimize criminal-legal consequences for the overdose survivor and/or others present at the post-overdose visit.

PRONTO Best Practice Guidance for Post-Overdose Outreach

Program staffing

- Familiarity with local resources
- Evidence-based care prioritized
- Lived experience can be a strength
- Trauma support needed
- Overdose survivors should advise program staffing

Training and supervision

- Local resources, rights, and informed consent for survivors
- Topics: overdose prevention, substance use disorders, treatment systems, harm reduction, trauma-informed care, bias and stigma, data safety, self-care

PRONTO Best Practice Guidance for Post-Overdose Outreach

Role of law enforcement personnel – Program Staffing

- Consider community relations when formalizing the role of law enforcement
- Minimize actual or perceived coercion by law enforcement staff
- Prioritize public health staff contact during outreach
- Train staff in behavioral health de-escalation and crisis response

PRONTO Best Practice Guidance for Post-Overdose Outreach

Role of law enforcement personnel – Visit Procedures

- Use unmarked vehicles, soft uniforms or plain clothes to protect privacy
- Introduce law enforcement personnel and explain their role to overdose survivors
- Avoid carrying firearms
- Establish clear policies on how drug possession and paraphernalia will be handled
- Acting on warrants should be handled outside of the outreach visit, by personnel not involved in outreach
 - Provide guidance for overdose survivors requesting assistance with warrants

PRONTO Best Practice Guidance for Post-Overdose Outreach

Data collection, use and sharing

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- Warrants and involuntary civil commitment should not be used to coerce survivors

Areas for Further Development and Research

- Make post-overdose outreach programs work for for American Indian, Alaskan Native, Black, Hispanic and Latino, youth, gender minorities, and people involved in sex work
- Establish public health-centered, evidence-focused training and technical assistance
- Minimize stigmatization by medical, addiction treatment and social service systems
- Sustainable and equitable funding
- Integration and coordination of post-overdose programming with other efforts
 - Such as the 988 call line for mental health emergencies and virtual spotting services
- Interaction between the COVID pandemic and crisis response
- Adaptation of post-overdose to overdose survivors from cocaine, methamphetamine and other non-opioid substances

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PRONTO Research Team



EXCEPTIONAL CARE. WITHOUT EXCEPTION.



Grayken Center
for Addiction
Boston Medical Center

Brandeis

THE HELLER SCHOOL
FOR SOCIAL POLICY
AND MANAGEMENT



Traci C. Green, PhD, MSc, Opioid Policy Research
Collaborative, Heller School for Social Policy and
Management at Brandeis University

Scott Formica, PhD, Social Science Research &
Evaluation

Sarah Bagley, MD, Boston University School of
Medicine, Boston Medical Center, Grayken Center
for Addiction

Jennifer J Carroll, PhD, MPH, North Carolina State
University

Ziming Xuan, ScD, SM, Boston University School of
Public Health

Leo Beletsky, JD, MPH, Northeastern University School
of Law

David Rosenbloom, PhD, Boston University School of
Public Health

Robert Apsler, PhD, Social Science Research &
Evaluation

Emily Cummins, PhD, Boston Medical Center, Grayken
Center for Addiction

Shapei Yan, MPH, Boston Medical Center, Grayken
Center for Addiction

Audrey Lambert, MPH, Boston Medical Center,
Grayken Center for Addiction

Haley Cinq-Mars, MPH, Boston Medical Center,
Grayken Center for Addiction

Owen Cheung, BA, Boston Medical Center, Grayken
Center for Addiction

Alexander Y. Walley, MD, MSc, Boston University
School of Medicine, Boston Medical Center,
Grayken Center for Addiction

Funded by the Centers for Disease Control and Prevention (R01CE003052 – Walley, PI)

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Expert Discussants



Mary Wheeler

Program Director of Healthy Streets Outreach Program
Health Innovations, Inc



Brandon Del Pozo, PhD, MPA, MA,

Assistant Professor of Medicine, and Health Services, Policy, and Practice, Brown University
Research Scientist, COBRE on Opioids and Overdose at Rhode Island Hospital

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